

**APPLICATION FOR EMPLOYMENT**  
**FULTON COUNTY PERSONNEL BOARD**  
141 Pryor St., S.W.  
Suite 3030  
Atlanta, Georgia 30303  
Telephone (404) 730-6700

FULTON COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Revised 12/99

**INSTRUCTIONS**

The FULTON COUNTY PERSONNEL DEPARTMENT welcomes your application. **Type or print in ink.** This application is an important and essential part of the recruiting process. Please answer all questions completely and accurately. Willful and intentional false statements will result in disqualification or termination. If more space is needed, attach additional sheets referring to applicable section of the application. **You must complete this application even if a resume is attached.** Failure to complete the entire application may result in disqualification and/or rejection.

**THIS SECTION FOR PERSONNEL DEPARTMENT USE ONLY**

Date Applied	D P I	Date Examined Or Rated	D P I	Score	Date Entered On Register	D P I	Remarks & Subject To:

1. **POSITION APPLIED FOR:** Please identify position title exactly. This application can bear only one (1) position title. Additional applications or complete copies of this application are welcome.

\_\_\_\_\_  
(Position Title)

2. NAME: \_\_\_\_\_  
Last First Middle

3. ADDRESS: \_\_\_\_\_  
Number Street Apt.  
\_\_\_\_\_  
City State Zip 

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4. HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
5. BUSINESS TELEPHONE: (\_\_\_\_) \_\_\_\_\_

Please answer the following questions. If a question has a "Yes" or "No" answer, **please place a circle around the answer.**

6. Are you now or have you ever been employed by Fulton County?  
Yes No

7. Have you ever served on active duty with U.S. Armed Services?  
Yes No  
If yes, what branch? \_\_\_\_\_  
Date entered active duty \_\_\_\_\_  
Date discharged or separated \_\_\_\_\_  
Highest rank attained \_\_\_\_\_  
If you served in the Military in any branch, did you receive an honorable discharge? Yes No

8. Was duty only as a reservist, where active duty was 6 months or less? Yes No

9. Do you have a GA driver's license? Yes No  
Expiration Date \_\_\_\_\_  
Number \_\_\_\_\_ Class \_\_\_\_\_  
If you do not possess a GA driver's license, do you possess a current driver's license from another state?  
Yes No  
What State? \_\_\_\_\_

10. Give the name of any profession (Nursing, Medicine, Engineering, Law etc.) which you are licensed to practice. Give date of issuance, expiration date, license number, and the state from which received. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. If you did not graduate from High School do you have a G.E.D. equivalent? Yes No  
Date Received: \_\_\_\_\_

12. Is G.E.D.: Military or Civilian (Circle One)

13. EDUCATION

Circle last grade of school completed 1 2 3 4 5 6 7 8 9 10 11 12	Name of High School	Location	Date of Leaving	Did You Graduate? (Circle one) Yes No		
Colleges or Universities Attended and Location	Dates of Attendance		Hours <b>Earned</b> Qtr. Sem	Major	Degree level Received	Year Awarded
	From	To				
Business, Trade, Technical Schools and other Training	Dates of Attendance		No. of Hours Per Week	Certificates Received	Subject Taken	
	From	To				

14. EMPLOYMENT RECORD

This is a highly important part of your application. Please read these instructions carefully before beginning. **Complete the entire section in detail.** From and to dates must be shown in **month/year format**. These entries will be utilized directly to calculate a score for you. **A notation “See Resume/See Attached” is not acceptable** and will not be used for evaluation purposes. (1) Give a complete record of your employment, starting with your present or most recent position and working back to your first job. (2) Volunteer work may be counted, but you must list the word “Volunteer” or “Unpaid” in the salary space. **(3) For part-time work, volunteer work or work while in school, you must list the number of hours per week or percentage of a forty-hour week you worked.** (4) Attach additional sheets as necessary if there are not enough blocks to cover your entire work history.

Name of Employing Agency, Company or Institution: _____ Complete Address/Phone Num.: _____ Name and Title of your Immediate Supervisor: _____ Your Job title: _____ Description of your Duties and responsibilities: _____ Machines or equipment you operated: _____	From _____ M _____ Y _____ To _____ M _____ Y _____ If Part-time or Volunteer - Number of hours/week _____ Salary \$ _____ Number of Employees you Supervised _____ Your reason for leaving (be specific) _____
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Name of Employing Agency, Company or Institution: _____ Complete Address/Phone Num.: _____ Name and Title of your Immediate Supervisor: _____ Your Job title: _____ Description of your Duties and responsibilities: _____ Machines or equipment you operated: _____	From _____ M _____ Y _____ To _____ M _____ Y _____ If Part-time or Volunteer - Number of hours/week _____ Salary \$ _____ Number of Employees you Supervised _____ Your reason for leaving (be specific) _____
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NAME: \_\_\_\_\_

Name of Employing Agency, Company or Institution: _____ Complete Address/Phone Num.: _____ Name and Title of your Immediate Supervisor: _____ Your Job title: _____ Description of your Duties and responsibilities: _____ Machines or equipment you operated: _____	From _____ M _____ Y _____ To _____ M _____ Y _____ If Part-time or Volunteer - Number of hours/week _____ Salary \$ _____ Number of Employees you Supervised _____ Your reason for leaving (be specific) _____
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Name of Employing Agency, Company or Institution: _____ Complete Address/Phone Num.: _____ Name and Title of your Immediate Supervisor: _____ Your Job title: _____ Description of your Duties and responsibilities: _____ Machines or equipment you operated: _____	From _____ M _____ Y _____ To _____ M _____ Y _____ If Part-time or Volunteer - Number of hours/week _____ Salary \$ _____ Number of Employees you Supervised _____ Your reason for leaving (be specific) _____
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Name of Employing Agency, Company or Institution: _____ Complete Address/Phone Num.: _____ Name and Title of your Immediate Supervisor: _____ Your Job title: _____ Description of your Duties and responsibilities: _____ Machines or equipment you operated: _____	From _____ M _____ Y _____ To _____ M _____ Y _____ If Part-time or Volunteer - Number of hours/week _____ Salary \$ _____ Number of Employees you Supervised _____ Your reason for leaving (be specific) _____
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Please Place a circle around "Yes" or "No", as appropriate for the following question.

15. Have you ever been discharged or asked to resign from any position?      Yes      No      If Yes, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please place a circle around "Yes" or "No", as necessary, in the following questions.**

16. How much notice will you require to report to work? (That is, how much time will elapse between being offered employment and actually reporting to work?) \_\_\_\_\_

17. Are any members of your family or any relative (by blood or marriage) employed by Fulton County:      Yes      No      If yes, give name, relationship, and where employed: \_\_\_\_\_

18. Usually over a period of time the duties and responsibilities of a position will tend to change. This may arise from changes in technology, changes in the function of the department, or changes in the clientele group served by a department. Do you agree to accept material changes in the duties and responsibilities of your position if hired?      Yes      No

19. Certain positions with Fulton County require shift work, rotating shift work, some other departure from standard daytime operating hours or may require transfer to another location. If it is necessary of a position into which you are placed, would you accept these conditions?      Yes      No

20. Will you accept part-time work?      Yes      No      If yes, indicate minimum percentage of full time you will accept \_\_\_\_\_

21. The following questions have to do with violations of the law. A conviction for a violation does not automatically mean that you cannot be appointed. Give all pertinent facts so that a decision can be made. In answering the following items you may omit minor traffic violations.

1. Have you ever been convicted of an offense against the law?      Yes      No

2. Have you ever been convicted of an offense against the law while in military service?      Yes      No

3. Was any conviction pursuant to an adjudication in a juvenile court, a youthful offender act or a first offenders act?      Yes      No

If the answer to any of the above items is "Yes", give details below. Show for each offense the date, charge, place, court, and action taken. Attach extra sheets if necessary. \_\_\_\_\_

\_\_\_\_\_

22. List below the names and addresses of two (2) persons (*Not Relatives or former Employers*) who have knowledge of your character and qualifications and whom we may contact:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

23. Use this space for any additional remarks, or to complete or enlarge upon information given elsewhere in the application. You may attach additional sheets if necessary. Please indicate the number of the item in the application to which you are referring. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. **CERTIFICATION:** (Please read the application and your answers carefully before signing.)

I understand and certify that all information given in this application is true and correct to the best of my knowledge and belief. I understand that any willful and intentional falsification of any information on this application for employment or promotion, discovered by the County, will result in my disqualification or termination. I hereby authorize Fulton County to verify, at any time, any information contained in this application.

I hereby relinquish the right to my last paycheck and/or pension refund check until all debts have been satisfied for all lost equipment assigned to me and/or property damages created by me.

**Fair Labor Standards Act Disclosure:**

**As a term and condition of employment in a Non-Exempt position with Fulton County, I agree that I will receive compensatory time instead of cash payment as provided by law. I also understand that when I leave the County any accrued compensatory time will be paid in cash based on my regular rate of employment for the last 3 years or my final regular rate of employment, whichever is higher.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*It is the policy of Fulton County that there will be equal opportunity for every citizen, employee, and applicant based upon merit, without regard to race, color, religion, national origin, gender, age, disability, or sexual orientation.*

**FULTON COUNTY PERSONNEL BOARD**

**APPLICATION INFORMATION SHEET**

This information is solicited to facilitate Federal Reporting Requirements. Once entered into a Confidential Computerized Information System, the information is disassociated from your name and will not be used for employment purposes.

\_\_\_\_\_

<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>
<input type="checkbox"/> White	<input type="checkbox"/> Male	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> Black	<input type="checkbox"/> Female	Month Day Year
<input type="checkbox"/> Hispanic		
<input type="checkbox"/> Asian/Pacific Islander		
<input type="checkbox"/> American Indian/Alaskan Native		

\_\_\_\_\_

SOCIAL SECURITY NUMBER (Number is required to add application to system)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

If you are recorded by previous employers under another name, such as Maiden name or name on Social Security card, please indicate name below:

\_\_\_\_\_

## FULTON COUNTY PERSONNEL BOARD

### APPLICATION QUESTIONNAIRE

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Please take a moment and let us know how you learned about our Job Vacancy Postings.

\*\*Please place (✓) check mark by any source used:

Newspapers

\_\_\_\_\_ Atlanta Journal/Constitution

\_\_\_\_\_ Atlanta Daily World

\_\_\_\_\_ Atlanta Inquirer

\_\_\_\_\_ Atlanta Voice

\_\_\_\_\_ Southern Voice

\_\_\_\_\_ Mundo Hispanico

\_\_\_\_\_ Neighbor Newspapers

\_\_\_\_\_ Other

\_\_\_\_\_ Job Line Recording

\_\_\_\_\_ Fulton County Cable TV Channel

Web Site

\_\_\_\_\_ Fulton County

\_\_\_\_\_ Other

Professional Publication:

Which one: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ County Employee

\_\_\_\_\_ Other Person

Thank you for your assistance.